

## U.S. SMALL BUSINESS ADMINISTRATION

OMB No: 3245-0124 Expires: 8/31/2008

## ADVISORY COMMITTEE MEMBERSHIP - NOMINEE INFORMATION

1.	Name:		
2.	Place of Birth: City		State
3.	Date of Birth: Month Day	Year	
4.	Home Address:		
	Street		
	City		Zip Code
5.	Employer's Name and Address:		
	Name:		
	Street		
	City		Zip Code
	Type of Industry		
6a			6b. E-mail address:
7.	Are you on a Federal payroll?		
8.	Are you employed by a state government non-career appointive position?	nent? If so, what is the position a	nd is it an elective position or a
9.	Are you an applicant for or recipient o	of SBA assistance? If so, you mu	st indicate the:
	Type of assistance:		

- Date received/applied for:
- Current status of any obligation associated with the assistance:

## For these purposes:

(a) An applicant or recipient of SBA assistance includes any of the following persons who have applied for and received SBA assistance: a sole proprietor, general partner, officer, director, members of the applicant's or recipients household, shareholder or limited partner with more than a 10% interest in an entity, whether profit or non-profit.

## (b) Assistance includes -

- a non-disaster business loan of any kind, whether direct or guaranteed;
- a surety bond guarantee;
- an SBA grant;
- a Small Business Investment Company (SBIC) license;
- an 8(a) sole source contract award;
- an application for or recent receipt of 8(a) status,
- an application for or recent receipt of Small Disadvantaged Business (SDB) certification,
- an application for or recent receipt of HUBZone certification,
- an application for or recent receipt of a certificate of competency.



Recent receipt means within 6 months of your nomination to serve on an advisory committee.
additional sheets if necessary)
ve you served or are you currently serving on any Federal boards, councils or commissions? If so, please ethe names and dates of service.
additional sheets if necessary)
aracter Information:
Are you presently under indictment, on parole or probation?
Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation (include offenses that have been dismissed or discharged)?
Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation (including judgements withheld pending probation for any criminal offense other than a minor motor vehicle violation)?
siness Information:
provide details on any of the following:
Suspension or debarment from Federal procurements,
Suspension or debarment from non-procurements Federal assistance,
Default on a Federal loan or Federally assisted financing,
Suspension or revocation on conducting business with SBA under 13 C.F.R. § or other SBA regulations,
Suspension or revocation of a professional or business license,
Other circumstances which could be reasonably perceived as showing a lack of business integrity, such as a formal charge or finding by SBA of a failure to perform required responsibilities in connection with SBA assistance, or violations of SBA regulations or a civil judgment involving business conduct.

Continuation Sheet	
Note: The estimated burden for completing this form is one hour per response. Yo displays a currently valid OMB approval number. Comments on the burden should Washington, D.C. 20416 and Desk Office for Small Business Administration, Office Washington, D.C. 20503. OMB Approval (3245-0124).PLEASE DO NOT SEND Foominee should be selected as an advisory committee member. Response to this formability to determine whether a nominee is eligible for appointment. The information may not be released except as required by the Freedom of Information Act and or	I be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W. of Management and Budget, New Executive Office Building, room 10202, ORMS TO OMB. SBA is collecting this information to determine whether the is voluntary; however failure to provide the information would inhibit SBA collected will be maintained in accordance with 5 U.S.C;552 and generally